

Fire and Casualty Broker-Agent License Qualification

Form #LIC.PL 2 (Rev 04/2001)

Producer Licensing Bureau

320 Capitol Mall

Sacramento, CA 95814-4309

Information (800) 967-9331 or (916) 322-3555

www.insurance.ca.gov

This form is to be completed by an active Fire and Casualty Broker-Agent licensee who is seeking to be licensed as a Personal Lines Broker-Agent. If you meet the requirements noted below, this form will exempt you from having to complete the required 20-hour Personal Lines Prelicensing Course and 12 hours of ethics and California Code of Regulations pre-licensing course. (California Insurance Code Section 1749 (b)). This form also exempts the applicant from the requirement to take the Personal Lines Broker-Agent examination. This form must accompany a completed Individual Application (Form 441-9), the applicable filing fees and the current Fire and Casualty Broker-Agent license.

Please note: The applicant must currently hold an active Fire and Casualty Broker-Agent license with the continuing education credits in compliance with Section 1749.3 (a) and (b) of the California Insurance Code.

ALL ENTRIES, EXCEPT SIGNATURES, MUST BE TYPED OR CLEARLY PRINTED

1.	APPLICANT NAME: Last: _____ First: _____ Middle: _____
2.	IDENTIFICATION INFORMATION: Social Security Number* ____ - ____ - ____
3.	LICENSE NUMBER: ____
4.	EMPLOYMENT HISTORY WITH THE COMPANY OR AGENCY. Starting Date: ____ Departure Date (if applicable): ____ Name of the Agency or Company: ____ California Insurance License or NAIC Number:** ____
	APPLICANT'S CERTIFICATION: <p>I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT THEREIN MADE IS FULL, TRUE AND CORRECT. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668(h) AND 1738 OF THE INSURANCE CODE, ANY FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE (S) TO SUSPENSION OR REVOCATION. FURTHER, PURSUANT TO INSURANCE CODE SECTIONS 1703 AND 1733, I AUTHORIZE DISCLOSURE TO THE INSURANCE COMMISSIONER OF ALL FINANCIAL INSTITUTION RECORDS OF ANY FIDUCIARY ACCOUNTS FOR THE DURATION OF THIS LICENSE.</p> <p>ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.</p> <p>APPLICANT'S SIGNATURE: _____ CITY _____ DATE _____</p>

* Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and the Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).